

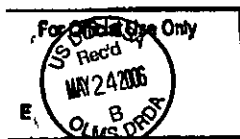
## FORM LM-30

Form approved  
Office of Management  
and Budget  
No 1215-0188  
Expires 11-30-2006

U S Department of Labor  
Office of Labor-Management  
Standards  
Washington DC 20210

# LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257 as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT

|   |   |
|---|---|
| 1 File Number U <u>25838</u>  | 2 Fiscal Year Covered From:<br><u>1</u> / <u>1</u> / <u>2005</u> Through <u>12</u> / <u>31</u> / <u>2005</u>  |
| 3 Name and address of person filing<br>Name <u>ROBERT H. GARCIA</u><br>P O Box, Bldg., Room No. If any _____<br>Street <u>P.O. BOX 12602</u><br>City <u>FRESNO</u><br>State <u>CALIFORNIA</u> ZIP Code + 4 <u>93718</u> | 4 Name file number and address of labor organization<br>Name <u>NPMHU LOCAL 302</u><br>Labor Organization File Number <u>091866</u><br>P O Box, Building and Room Number If any _____<br>Street <u>5901 CHRISTIE AVE SUITE 301</u><br>City <u>EMERYVILLE</u><br>State <u>CALIFORNIA</u> ZIP Code + 4 <u>94608</u> |
| 5 Position in labor organization. <u>BRANCH PRESIDENT FRESNO CA.</u>  |   |

Enter appropriate data below if, during the past fiscal year you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions)

A. Held an interest in, engaged in transactions (including loans) with or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6 Name and address of Employer (including trade name if any).

Name \_\_\_\_\_  
Trade Name If any: \_\_\_\_\_  
P O Box, Bldg., Room No., If any \_\_\_\_\_  
Street \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ ZIP Code + 4 \_\_\_\_\_

7 a Nature of Interest, Transaction, or Income

\_\_\_\_\_

7 b Amount

\_\_\_\_\_

Signature

15. Signature and verification The undersigned declares under penalty of Perjury and other applicable penalties of the law that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is to the best of the undersigned's knowledge and belief true correct and complete (See the section on penalties in the instructions)

Signed

W A B. M S

On

5/15/06  
Date

559-355-4069  
Telephone Number

Name of Person Filing

File Number U-

B Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

## 8. Name and address of Business (including trade name if any).

Name FIRST HEALTH

Trade Name, if any

P O Box Bldg Room No., if any

Street 3200 ALABAMA AVECity DOWNERS GROVEState ILLINOIS ZIP Code + 4 60515

## 9 Business deals with

☒ a Labor Organization☐ b Trust☐ c Employer

## 10 If 9.b or 9.c. is checked give trust or employer's name.

Name

Trade Name if any

P O Box, Bldg Room No. if any

Street

City

State ZIP Code + 4

## 11 a. Nature of such dealing

ADMINISTRATOR OF HEALTH PLAN

## 11.b Approximate dollar value of such dealing

Over 1 Billion

## 12.a Nature of interest held or income received

2 BREAKFAST 10.00 X 2 = 20.00  
 3 LUNCHES 10.00 X 3 = 30.00  
 2 DINNERS 12.50 X 2 = 25.00  
75.00

## 12 b Amount.

75.00

## C Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value

## 13 a Name and address of Employer or Labor Relations Consultant (including trade name if any).

Name

Trade Name if any

P O Box, Bldg., Room No. if any

Street

City

State ZIP Code + 4

## 14 a. Nature of payment

13.b Is the Business an Employer ☐ or Consultant ☐ ?

## 14.b Amount of payment.